

Substitute for form 144BA/PTO		COMPLETE IF KNOWN	
INFORMATION DISCLOSURE		Application Number	10/533,326
STATEMENT BY APPLICANT		Filing Date	May 2, 2005
(use as many sheets as necessary)		First Named Inventor	Gabor Butora, et al.
		Group Art Unit	1625
		Examiner Name	Taofiq A. Solola
Sheet	1	of	Attorney Docket Number

AUG 17 2007
U.S. PATENT & TRADEMARK OFFICE

**Examiner
Signature**

T.A. Solo

Date Considered

10/27/07

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450. Computer generated from "IDS Form" (IDS Folder), Merck & Co., Inc., 06/21/2002